SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.

 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

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 5. Any false reporting may be referred to the Police for investigation.
 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission 21/05/2021 11:05 (SGT) Date of Accident 20/05/2021 12:18 (SGT) Exact Location of Accident 192 Pandan Loop, Singapore 128381 Additional Location Information PANTECH BUSINESS HUB CARPARK Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

BMW

Vehicle Registration Number SMW7997C

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner WONG SHUH MANG NRIC No. SXXXX140J Email Address KIT.KKC@GMAIL.COM Mobile Phone No (Phone) +65-97816338 Alternative Phone No (Home) +--

VEHICLE PARTICULARS

Manufacturer

Model 420i Variant Exact purpose for which vehicle was being used at time of accident Private use Are you claiming under your own insurance policy for repair to

your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto CC

1998

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy No Policy Number Cover Note Number

DRIVER

Name of Driver WONG SHUH MANG NRIC No. SXXXX140J

Date Of Birth 21/04/1981 Occupation Indoor Date Of Driving Pass 21/06/2003 Driving experience 17 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-97816338 Alt. Phone Number (Home) +--Email Address KIT.KKC@GMAIL.COM Address 63 WEST COAST WAY Address complement #01-25 Postcode 127021 Is the driver the policyholder? Yes If No. Relationship of the Driver with the Insured Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Hit and run / Vandalism / Damaged whilst parked Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Nο Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Clementi Neighbourhood Police Centre Police Station Phone No (Phone) +65-18008729999 Alt. Police Station Phone No (Fax) +65-68728039 Police Station Address No. Singapore 129858 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT SEE ATTACHED SKETCH PLAN AND POLICE REPORT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number GBC9865Y Vehicle Manufacturer Vehicle Model Vehicle Variant

Commercial vehicle

Vehicle Colour
Vehicle Category

Name of Driver	-
Contact Number	
Address	
Address complement	
Postcode	
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
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- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

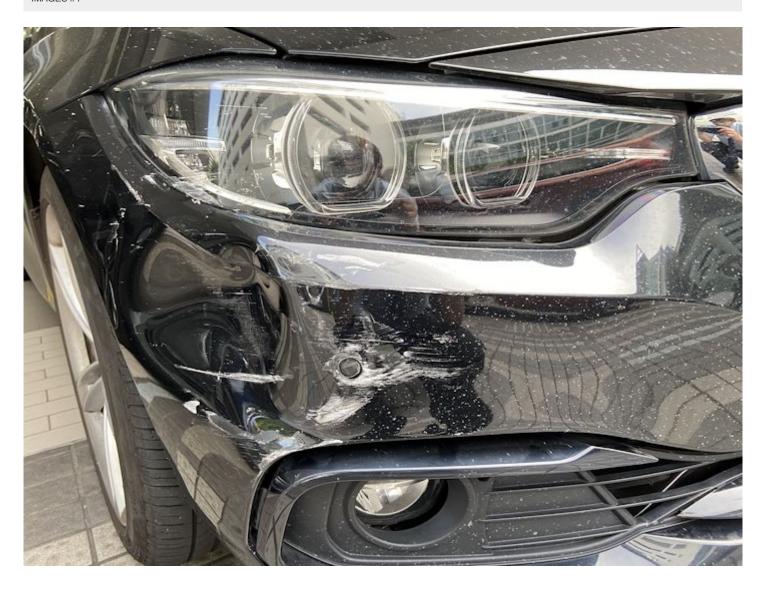
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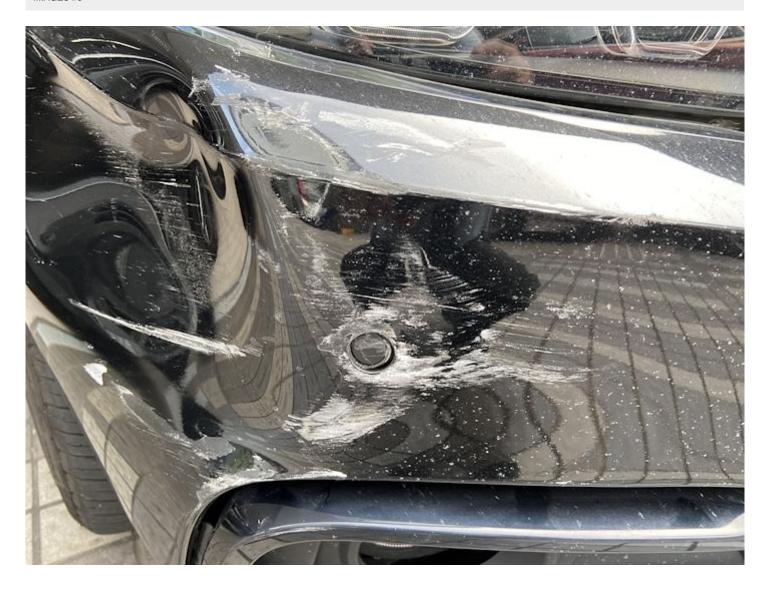
KETCH PLAN		
ESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
Refer Police	attach file	
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ECLARATION		
We declare the toregoing parti	culars are true in every respect.	21/5/20
olicyholder's Signature pate & Time: >1/s/>	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

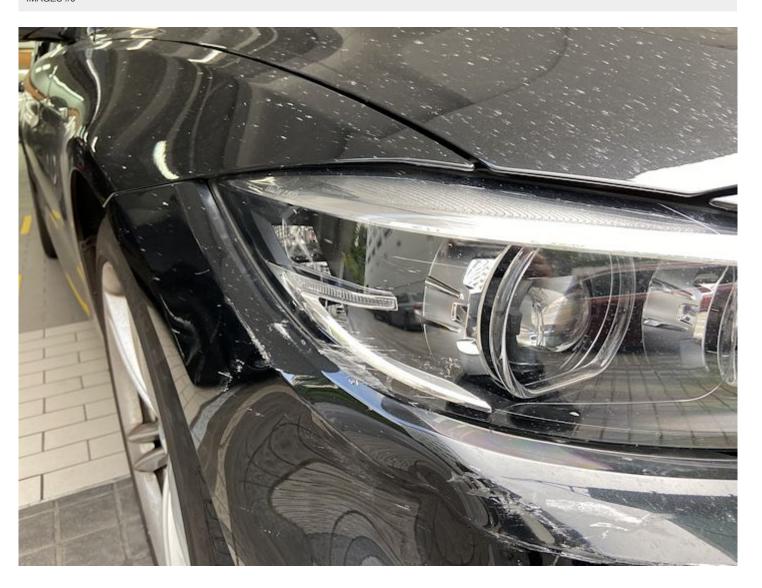




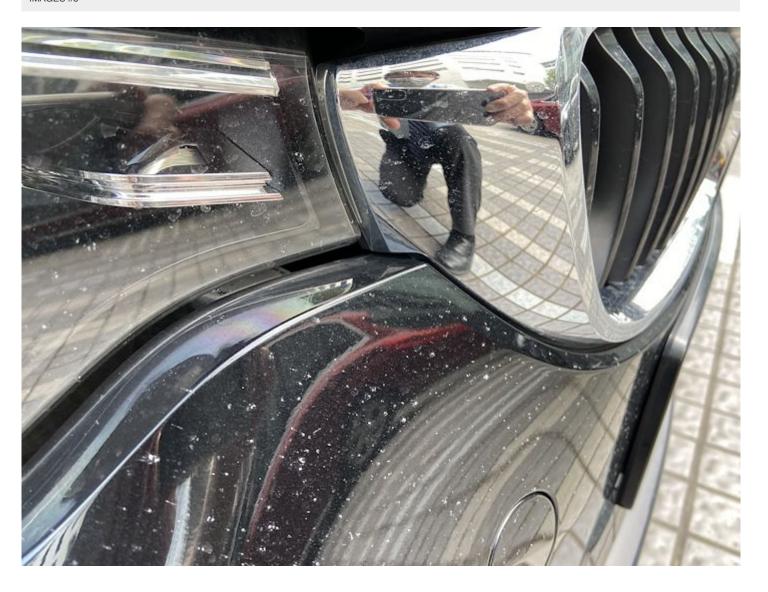






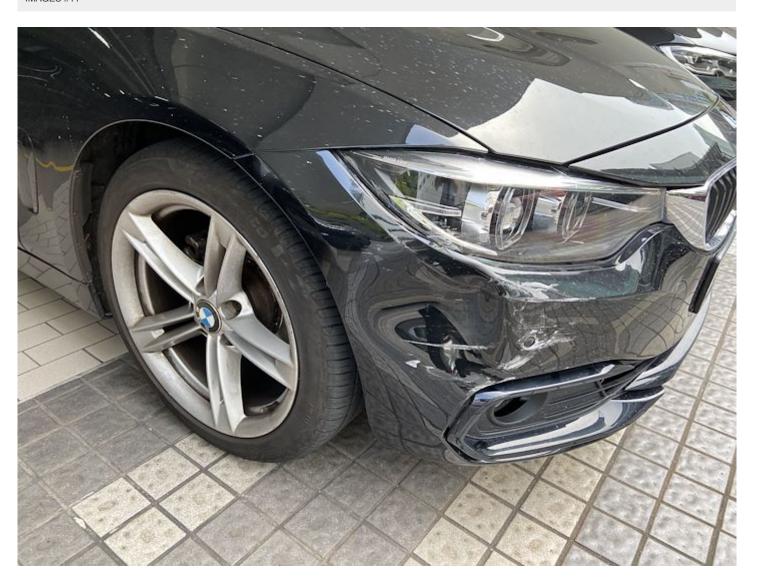


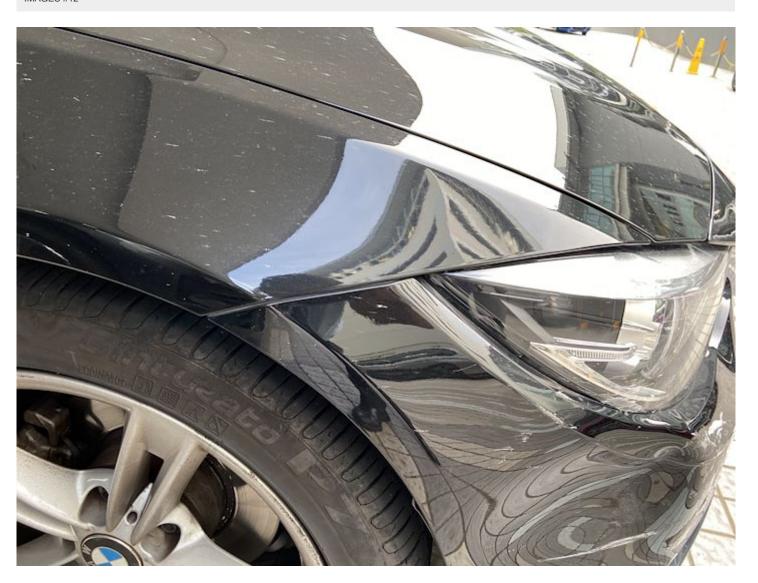


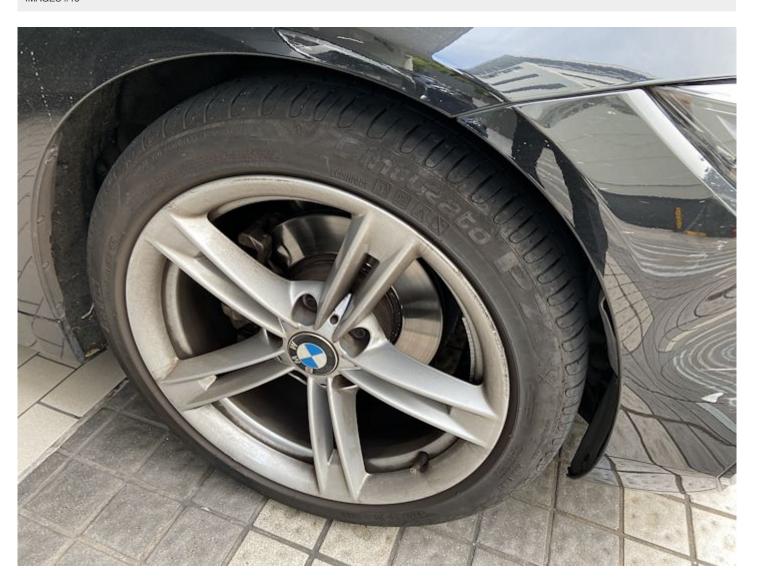












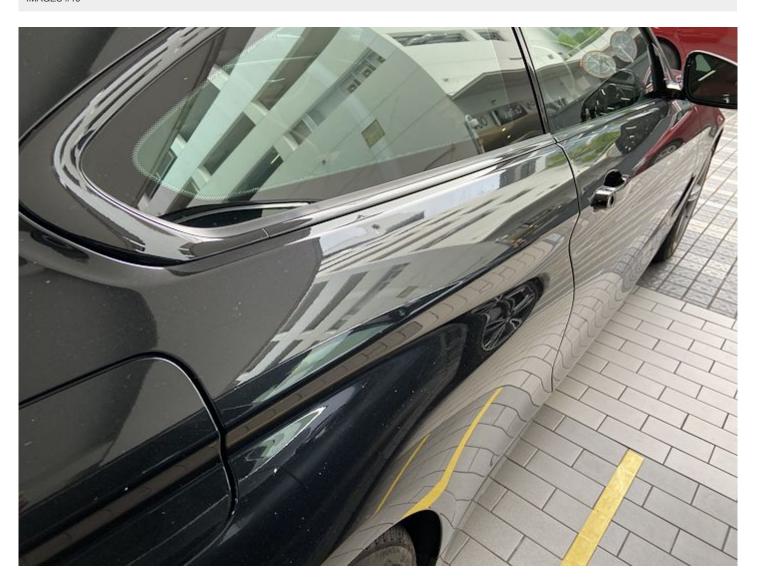


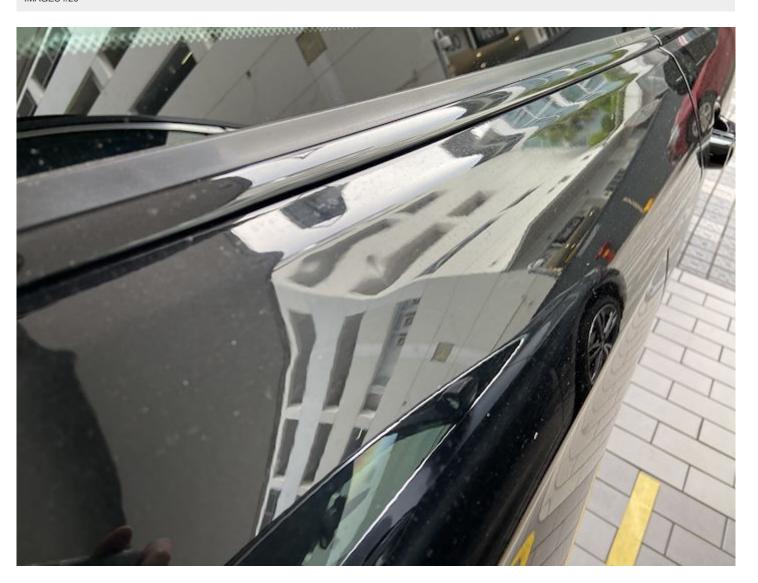






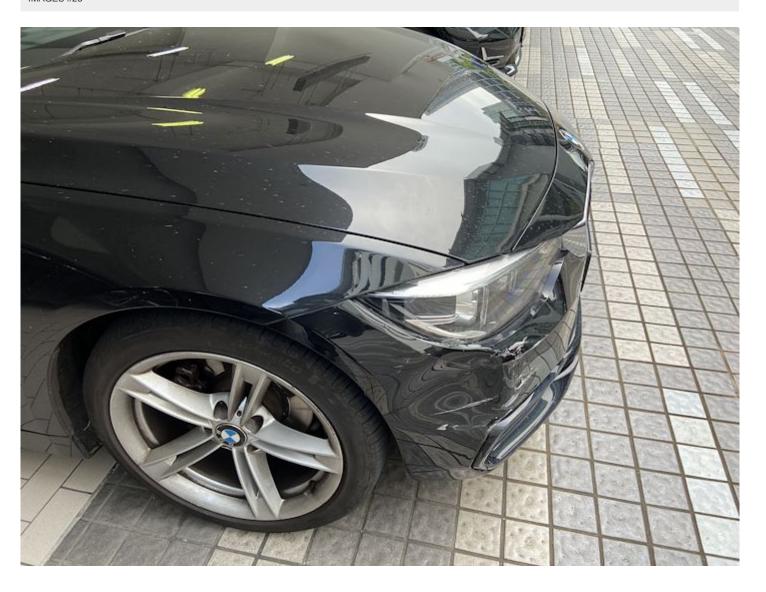




















Police Station Of Origin: Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

1 of 3 Report No. T/20210520/2069

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 0/05/2021 17:59		Vide Report No.:	Station Diary No.: 53	
Informa	nt's Particu	ulars			
	Informant: SHUH MAN	IG	Address: 63 WEST COAST WAY #01-25 SINGAPORE 127021		
	/ ID No.: D / \$817814	40J	Contact No.: Home/Office:	Mobile: 97816338	
National SINGAP	ty: ORE CITIZ	EN	Email:		
Sex: Age: Date of Birth: Male 40 21/04/1981			Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Company director			Driving Licence Information: Class: 2B,3 Date of Expiry:		

Type of Accident:	Hit and Run		Date/Time of Accident: 20/05/2021 12:15	Type of Location Car Park
Location: PANDAN LO Weather: Clear	OP	Road Surface:		Road Speed Limit:
Traffic Flow: Traffic C		Traffic Control: Not Controlled		Traffic Volume: No Traffic
				Committee of the Commit

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBC9865Y	Van	NISSAN	NV350 PANEL VAN 2.5 5MT 5DR EURO V	White	Slightly Damaged	1
SMW7997C	Car	BMW	420I COUPE LED SR NAV	Black	Slightly Damaged	0





DZ 10320/2009

Report No. T/20210520/2069

Police Station Of Origin: Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

CONTINUATION OF REPORT

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMW7997C	LIBERTY INSURANCE PTE LTD			

Details of Perso	n Involved	Stanier Fed				
Any Pedestrian Ir	nvolved: No					
No. of Pedestrian	s Injured: NIL		Use of Pe	Pedestrian Crossing: NA		
Driver			ness of planting			
Name	WONG SHUH MANG		ID No		S8178140J	
Related Vehicle	NIL			Conta	ct No.	97816338
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL Date Dis		Date Disc	charge	NIL	
No. of Days gran	ted Medical Leave	NIL		Degree of Injury N		

Brief Details.

On 20/05/2021 at about 1000hrs, I parked my car at MSCP at 194 Pandan Loop Pantech Business hub level 3 as I was working at the building. Subsequently at 1225hrs, when I went back to my car, I discovered there were damaged and scratches on the right front side of my car bumper. Thereafter, I went to my insurance company to retrieve the video footage from my in car camera. After reviewing the video, we managed to capture the vehicle with registration no. GBC9865Y.

From the video, at about 1215hrs, the van was seen driving out from the parking lot next to my vehicle and then hit on to the front right side of my bumper and headlight. I wish to state that the van was not there when I park my vehicle earlier. I also notice from video there was a passenger sitting at the front and he turned back to look at my car meaning that they aware that they hit onto my car. I informed my insurance on this matter and they required police report as this is consider hit and run.

This is the first time happened to my car. I wish to state there was no one in the vehicle and my in car camera is operating.





3 of 3 Report No. T/20210520/2069

Police Station Of Origin: Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: Signature Of Informant: Sgt 2 NUR 'ATHIFAH BINTE OSMAN Signature Of Interpreter: Date/Time: Not applicable 20/05/2021 17:59 Officer In Charge Of Case: Classification Of Case: TP/HRT/ Sr Staff Sgt NEO ZHI YUAN Contact No.: 65476079 SINGAPORE POLICE FORCE SN 37 Authentication Stamp NP168 SIGNATURE